

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030713

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

132

Primary Registration District No.

Registrar's No.

152

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN LINCOLN TOWNSHIP

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION HOME

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

GRUNDY

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

SPICKARD

d. STREET ADDRESS

(If outside, give location) LINCOLN TOWNSHIP

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

CONWAY

Middle

Last

PROCTOR

4. DATE OF DEATH

Month

Day

Year

AUG

17

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-13-1887

9. AGE (last birthday)

75-5-4

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

GRUNDY CO. MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM PROCTOR

13b. MOTHER'S MAIDEN NAME

ELIZA BUSHONG

14. NAME OF HUSBAND OR WIFE

JUNE PROCTOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JUNE PROCTOR SPICKARD MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the prostate gland Indefinite

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 25-1961 to Aug. 17-1962 and last saw him alive on Aug. 16-1962  
Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. H. Bullers M.D.

22b. ADDRESS

214 E. 11th, Trenton, Mo

22c. DATE SIGNED

8-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8-19-1962

23c. NAME OF CEMETERY OR CREMATORY

PROCTOR CEMETERY

23d. LOCATION (City, town, or county)

GRUNDY CO. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WISE FUNERAL HOME SPICKARD MO.

25. DATE RECD. BY LOCAL REG.

8/20/62

26. REGISTRAR'S SIGNATURE

J. E. J. J. J.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spinkard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.